



SCOTTSBLUFF FAMILY YMCA SUMMER DAY CAMP 2026

REGISTRATION CHECKS:

- Immunization Records
- All Forms Signed
- Payment on File

Child 1:		<input type="radio"/> M	<input type="radio"/> F
Age:	Date of Birth:		
Grade:	School Attending:		
Required Medications:			
Severe Allergies:			
Details of Reaction:			
Steps if Exposed:			
Any Behavioral or Special Considerations/Needs:*			

Child 2:		<input type="radio"/> M	<input type="radio"/> F
Age:	Date of Birth:		
Grade:	School Attending:		
Required Medications:			
Severe Allergies:			
Details of Reaction:			
Steps if Exposed:			
Any Behavioral or Special Considerations/Needs:*			

SUMMER DAY CAMP

CAMP HOURS: 7:30 AM TO 5:30 PM

\$180/WEEK (save with \$20 sibling discount)

\$10 Non-Refundable Activity Fee
for EACH week registered

CHOOSE YOUR CAMP LOCATION:

Must have attended preschool.
Based on grade going into in Fall of 2026.

- TRAILS WEST (K-5)**
- GERING (PK-5, GPS Students)**

- TRANSPORTATION NEEDED**
(Only available at Gering Location)

CHOOSE YOUR DAY CAMP WEEKS:

(Please check all that apply)

- WEEK 1: MAY 28-29 (\$72)**
- WEEK 2: JUNE 1-5**
- WEEK 3: JUNE 8-12**
- WEEK 4: JUNE 15-19**
- WEEK 5: JUNE 22-26**
- WEEK 6: JUN 29-JUL 2 (No July 3, \$144)**
- WEEK 7: JULY 6-10**
- WEEK 8: JULY 13-17**
- WEEK 9: JULY 20-24**
- WEEK 10: JUL 27-31**
- WEEK 11: AUGUST 3-5 (\$108)**

*We are not staffed to support high behavioral needs or special needs care. Children with an IEP or behavior plan require a meeting with the director prior to registration.

DHHS CHILD CARE SUBSIDY

Child Care Subsidy is accepted at both locations.
Requires DHHS Authorization Form.
Provider #'s: Trails West: [40431757](tel:40431757) Gering: [45359366](tel:45359366)

SCHOLARSHIP OPPORTUNITIES

Scholarships available at Gering location. Interested?
 YES School will contact by May 1.

Primary Parent/Guardian:		<input type="radio"/> M <input type="radio"/> F	DOB:
Phone #:	Email:	Relation to Child:	
Address, City/State/Zip:			
Custodial Parent? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		May we release to non-custodial parent? <input type="radio"/> Yes <input type="radio"/> No	

Secondary Parent/Guardian:		<input type="radio"/> M <input type="radio"/> F	DOB:
Phone #:	Email:	Relation to Child:	
Address, City/State/Zip:			

In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached:

At least one name must be given. Please list names in order you would like them to be called.

Emergency Contact 1:		Authorized Pickup? <input type="radio"/> Yes <input type="radio"/> No
DOB:	Phone #:	Relation to Child:
Address, City/State/Zip:		

Emergency Contact 2:		Authorized Pickup? <input type="radio"/> Yes <input type="radio"/> No
DOB:	Phone #:	Relation to Child:
Address, City/State/Zip:		

Emergency Contact 3:		Authorized Pickup? <input type="radio"/> Yes <input type="radio"/> No
DOB:	Phone #:	Relation to Child:
Address, City/State/Zip:		

Additional Authorized Pickups: Children can only be released to listed parents/guardians, emergency contacts, or authorized persons.

Authorized Person 1:		Emergency Contact? <input type="radio"/> Yes <input type="radio"/> No
DOB:	Phone #:	Relation to Child:
Address, City/State/Zip:		

Authorized Person 2:		Emergency Contact? <input type="radio"/> Yes <input type="radio"/> No
DOB:	Phone #:	Relation to Child:
Address, City/State/Zip:		

Authorized Person 3:		Emergency Contact? <input type="radio"/> Yes <input type="radio"/> No
DOB:	Phone #:	Relation to Child:
Address, City/State/Zip:		

Please speak with the Director if there is a person that is NOT authorized to pick up or see the child.

YMCA Staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information on this document.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I expect to be notified at once in the case of accident or illness to my child; I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, I authorize the YMCA to contact the following medical professional(s) or the nearest hospital for emergency medical treatment:

Doctor:	Phone:
Preferred medical Facility:	

Dentist:	Phone:
Address:	

Furthermore, I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children/staff in the YMCA Program.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

MEDICATION PERMISSION AND COMPETENCY

I, _____, have determined that the YMCA staff is competent to give or apply medication to my child. I understand that the YMCA has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN PERMISSIONS, ADMISSIONS, AUTHORIZATIONS

(Check all that apply)

- My child has permission to swim during camp.
- My child has permission to swim in the deep end **IF they pass a deep water test administered by guards.**

Swimming ability: Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

- I give my child permission to participate in field trips during camp** (both walking & bus transportation).

- The YMCA has permission to apply SPF 30 sunscreen or higher (brands may vary) as needed to my child.**

We ask that you send your child with sunscreen. It must be labeled with your child's name. Spray form is required. No lotions of any kind. If sunscreen is not provided and labeled, the YMCA may provide sunscreen SPF 30 or higher. We will apply sunscreen before going outside for an extended period of time and will reapply if out longer than one hour.

- I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program.

- I understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

SCOTTSBLUFF FAMILY YMCA SCHOOL AGE PROGRAMS CODE OF CONDUCT

Our goal is to provide the highest quality program in a safe environment for all participants. Please assist us in maintaining a safe and enjoyable environment by following the Code of Conduct.

- Be respectful of the feelings and properties of others by treating them the same way that you would want to be treated, treating others with courtesy and consideration.
- Know and follow the rules.
- Show respect to staff and cooperate with their instructions and rules.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her actions and understand the consequences of any inappropriate actions.

Consequences for misbehaving or breaking rules will be:

1st & 2nd Offence:

The inappropriate behavior will be discussed with the child as well as positive alternatives by teacher/counselor.

3rd Offence:

The inappropriate behavior will again be discussed with the child as well as positive alternatives. Then, a time out will be enforced--one minute for every year they are old--by their teacher/counselor or the Director.

4th Offence:

A meeting will be scheduled with the child's teacher/counselor, Director, and family before the child is allowed back into the program. If the behavior continues and threatens the safety of other children, suspension from the program can be implemented.

Any child who exhibits aggressive, physical behavior towards another child or adult will have his/her parents contacted and the parent may be required to come and pick up their child from the program. Immediate dismissal will result if a child is continuously exhibiting behaviors such as biting, inappropriate language, hitting, spitting, or otherwise harmful behaviors. The Suspension, Expulsion, and Reinstatement process will be used. Please see your program Director for more information.

The YMCA reserves the right to discontinue childcare services at any time per the School Age Programs Handbook.

I have read and understand the above policy, as well as having received a copy of the School Age Programs Parent Handbook or have access to it online at www.ymcaofscottsbuff.org. I assume the responsibility for ensuring my child is aware of this policy and the consequences of his/her actions should there be such offense.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CHILD/PARTICIPANT SIGNATURE: _____ DATE: _____

PAYMENT AGREEMENT

Scheduled Payments: Weekly Payments must be scheduled at the time of registration. Must provide the YMCA with debit/credit card information or bank account information for Weekly Payments. Payments will be withdrawn automatically on Fridays prior to the week(s) attending.

Payment Options (select all that apply):

Weekly Automatic Withdrawal DHHS Subsidy

Corresponding Paperwork **MUST BE INCLUDED** (must match the options selected above):

Signed ACH (Below) Authorization Form

Please Note:

Returned payments will be assessed a \$25 return payment fee and may be electronically collected. Fees not collected may be referred to an outside collection agency.

Child Care Subsidy:

Families who receive State Assistance will be responsible for all copays or fees if authorization expires. Proof of Authorization must be provided to the YMCA before the child can be registered. Copays are due on Fridays prior to the week(s) attending.

Attendance:

I understand that I am responsible for payment of all weeks registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made. All weeks filled on a first come, first serve basis.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

ACH AUTHORIZATION FORM

I hereby authorize the Scottsbluff Family YMCA to initiate entries to my accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Scottsbluff Family YMCA is notified by me in writing to cancel it in such time as to afford the Scottsbluff Family YMCA and financial institution a reasonable opportunity to act on it. A service fee of 3% will be charged on all credit card transactions. Debit card and ACH transactions are not included.

NAME - PLEASE PRINT

ADDRESS - PLEASE PRINT

SIGNATURE

DATE

NAME OF FINANCIAL INSTITUTION

ROUTING NUMBER

ACCOUNT NUMBER

OR

CARD NUMBER

EXPIRATION DATE

CVV

**CARPENTER CENTER
WAIVER OF LIABILITY**

Every parent needs to sign a waiver for their child

In Consideration of participation in Gymnastics/Ninja Zone, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participation in the event, the conditions in which the event takes place, or the negligence of the "releases" named below. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue The Carpenter Center or Ninja Zone, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the RELEASEES herein), from all liability, claims, demands, losses, or damages on my account caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

Any and all Ninja skills will be conducted in a safe gym environment and will hold The Carpenter Center and Ninja Zone harmless of any injuries incurred in and outside gym areas.

I have read the Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature _____

Date _____

Camper Name: _____

Parent Name: _____

Camp group YMCA



210615 Hwy 71 • P.O. Box 65 • Gering, NE 69341 • Phone: 308-436-3777

Participant Waiver and Assumption of Risk Agreement (Minors)

Minor's first name (please print)	MI	Last name
Parent's first name (please print)	MI	Last name

Email address	Date of birth	Phone #
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Mailing address	City	State	Zip
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Emergency contact person	Phone #	Relationship
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I, the legal parent/guardian of _____, grant permission for his/her participation in the Shooting Activities at the Nebraska Game and Parks Commission's Shooting Sports Complex ("Education Center"), and approve of the use of firearms, live ammunition, and/or archery equipment while involved in the Shooting Activities at the Education Center. I understand that the Shooting Activities are potentially hazardous activities and certain risks are involved with this activity. These potential hazards include gun shot or archery wounds and can result in paralysis, loss of vision, limb, or life. I agree that participation in the Shooting Activities is entirely voluntary and agree I will not hold the Nebraska Game and Parks Commission liable for any damage to property or personal bodily injury or death to the participant, even if arising from the negligence of the Nebraska Game and Parks Commission, to the fullest extent permitted by law. Furthermore, I herewith agree to indemnify and hold forever harmless the State of Nebraska and the Game and Parks Commission, its officers, officials, agents and employees ("Released Parties") against loss from any claims, demands or actions that may hereafter, or at any time, be made or brought against the Released Parties on account of damages or bodily injury or death to the participant sustained in consequence of the aforesaid activity.

I UNDERSTAND THAT SAFETY PROCEDURES AND PRACTICE WILL BE STRICTLY ADHERED TO AND THAT OUR CHILD (WARD) MAY BE IMMEDIATELY EXPELLED WITHOUT RECOURSE FROM THE PROGRAM AS A RESULT OF HORSEPLAY, INATTENTIVENESS, INAPPROPRIATE CONDUCT, VIOLATION OF SAFETY RULES, OR FAILURE TO FOLLOW THE RANGE OFFICER'S DIRECTIONS.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I HAVE READ AND UNDERSTAND ALL RULES FOR THE SHOOTING RANGE, INCLUDING RULES FOR SPECIFIC RANGES (SMALL BORE, PELLET GUN, ARCHERY, SHOTGUN AND LONG RANGE/LARGE BORE). I UNDERSTAND THESE RULES ARE AVAILABLE UPON MY REQUEST AND ARE POSTED AT ALL RANGES.

X _____
Parent/Guardian Signature

Date



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.



Child Care Program Name: **TRAILS WEST SUMMER CAMP | YMCA OF SCOTTSBLUFF, NE**
 GERING SUMMER DAYCAMP | SCOTTSBLUFF YMCA PROGRAM

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School–Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**